

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1. Date of Request: _____		2. Serial/Patent # 10/519716		
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7. TOTAL AMOUNT OF REFUND		\$
		8. TO BE REFUNDED BY:		
10. REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9. 16--0331		
<input type="checkbox"/>	No Fee Due (Explanation):			
11. REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		PHONE: _____		
OFFICE: _____				

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: